

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Abhijit Desai M.D.**

Mailing Address 74 Clairmont St

City

Longmeadow

State

MA

Zip Code

01106-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Milford Anesthesia Associates, Inc Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 04 / 2015

Transaction ID : C2995989

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Amanda L. Deskins D.O.**

Mailing Address 32 Cedar Drive

City

Hurricane

State

WV

Zip Code

25526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

General Anesthesia Services, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 28 / 2015

Transaction ID : C3015850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Laura I. Dew M.D.**

Mailing Address 3721 Robinhood Street

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 04 / 2015

Transaction ID : C2995976

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.01